

Expression of Enrolment Interest

This form will submit when all sections in red are completed. Please ensure you include attachments from the checklist.

Date of Application:

Seeking entry in Year:			
Student Surname:		First Name:	
Preferred Name:		Gender:	
Date of Birth:		Current School:	
Sibling at Applecross Sh	HS: Name 1:		Year:
	Name 2:		Year:
	Name 3:		Year:
Is your child currently under suspension from the school?			
Has your child ever been excluded from school?:			
If yes, name of school:			
Nationality:		Does the student mainly speak English at home:	
Does the student require extra support:		Other languages spoken:	
Does your child qualify for Education Assistant time?*		* If so why:	
PARENT DETAILS			
Contact 1:			
Title:	Family Surname:	First Name:	
Email:		Mobile:	
Address:		Suburb:	Postcode:
Contact 2:			
Title:	Family Surname:	First Name:	
Email:		Mobile:	
Address:		Suburb:	Postcode:
ATTACHMENT CHECKLIST:			

Press SUBMIT when all sections in RED are completed. You will be unable to press SUBMIT if sections in RED are not completed. Once the request has been received you will be contacted via email from the school If the document/s are not emailed to the school the expression of interest will not progress.



